Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-010604
STATE FILE NUMBER

FILED APR 14 1959 Registration District No. 314 Primary Registration District No. 4405 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: St. Clair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Osceola — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: O. M. Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Clair
c. CITY OR TOWN: Osceola c 9.3 c — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Ettie Middle: Lee Last: Butcher

4. DATE OF DEATH: Month, Day, Year: Mar, 28, 1959

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Aug; 14, 1874

9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeping

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Osceola Missouri c

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Peery

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: R.I.Butcher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Marion Butcher, Osceola Mo.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Shock — INTERVAL BETWEEN ONSET AND DEATH: about 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): traumatic Femur broken Hip
DUE TO (c): Due to general senility
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 9030 20

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [X] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): fell in floor - was Rushed with a crutch

20c. TIME OF INJURY Hour a.m. p.m., Month, Day, Year: 2 PM - 3-26-59 c 9.3

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home

20f. CITY, TOWN, OR LOCATION Osceola — COUNTY: St Clair — STATE: Mo

21. I attended the deceased from 3-26-59 to 3-28-59 and last saw her alive on 3-28-59
Death occurred at 11:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ruth Seevers MD c

22b. ADDRESS: Osceola Mo

22c. DATE SIGNED: 4-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3/31/59

23c. NAME OF CEMETERY OR CREMATORY: Holsapple

23d. LOCATION (City, town, or county) (State): Collins Missouri

24. FUNERAL DIRECTOR ADDRESS: Goodrich F.H. Osceola Mo

25. DATE RECD. BY LOCAL REG.: 4-6-59

26. REGISTRAR'S SIGNATURE: Ruth Seevers

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed E B Goodrich

Licensed Embalmer No. 3635

P. O. Address Osceola

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.